

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320  
(916) 739-2501



April 29, 1991  
CMSP Letter #91-7

All County Welfare Directors

SUBJECT: CMSP FORMS LISTING

This letter transmits to you a list of the most current revision dates of all the County Medical Services Program (CMSP) Eligibility Forms and related Medi-Cal Forms.

County Form coordinators should review stock on hand to ensure that appropriate forms are being used.

If you have any questions, please call Ms. Sherrie Ivec of my staff, at (916) 739-3421.

Sincerely,

A handwritten signature in blue ink that reads 'Jim Martinez'.

Jim Martinez, Chief  
County Medical Services Program

Enclosures

Ms. Sherrie Ivec  
County Medical Services Program  
Department of Health Services  
714 P Street, Room 523  
P. O. Box 942732  
Sacramento, CA 94234-7320

# CMSP FORMS

The following is a listing of CMSP forms and CMSP-related Medi-Cal forms. Counties are responsible for form distribution to beneficiaries and others, monitoring form utilization, and maintaining an effective inventory control system. For those forms designated as available in the DHS warehouse, counties should prepare and forward a DHS 2031 in duplicate, with two shipping labels to the following address:

Department of Health Services Warehouse  
1037 N. Market Boulevard, Suite 9  
Sacramento, CA 95834

All other forms must be prepared locally by the county.

| <u>FORM NO.</u>            | <u>FORM TITLE</u>   | <u>MOST<br/>RECENT<br/>AVAILABLE<br/>REVISION</u> | <u>DHS</u> |
|----------------------------|---|---|------------|
| *CMSP Information Notice 1 | Important Information About Your County Medical Services Program (CMSP) Card and Benefits | 2/91  | No         |
| *CMSP Information Notice 2 | Summary CMSP Eligibility  | 8/89  | No         |
| CMSP 001                   | Duplicate CMSP Card Log   | 4/86  | No         |
| *CMSP 13                   | Statement of Citizenship, Alienage, and Immigration Status                                | 12/89   | No         |
| *CMSP 176S                 | Status Report   | 11/82   | No         |
| CMSP 176SA                 | Status Report   | 11/82   | No         |
| CMSP 177P                  | Record of Health Care Cost-Spenddown  | 10/88   | No         |
| CMSP 177S-M                | Record of Health Cost Share of Cost   | 12/90   | Yes        |
| CMSP 177SA-M               | Record of Health Cost - Share of Cost   | 12/90   | Yes        |
| *CMSP 210                  | Attachment of MC 210  | 11/82   | No         |
| *CMSP 216                  | Rights of Persons Requesting CMSP   | 3/90  | Yes        |
| *CMSP 217                  | Responsibility Checklist  | 3/90  | Yes        |

\*Spanish version available. Counties responsible for reproduction.

| <u>FORM NO.</u> | <u>FORM TITLE</u>  | <u>MOST<br/>RECENT<br/>AVAILABLE<br/>REVISION</u> | <u>DHS</u> |
|-----------------|--|---|------------|
| CMSP 237        | Caseload Movement and Activity Report                                      | 9/84  | No         |
| *CMSP 239A      | NOA Denial/Discontinuance of Benefits                                      | 11/82   | No         |
| *CMSP 239B-M    | NOA Approval for Benefits  | 11/82   | No         |
| *CMSP 239C      | NOA Increase/Decrease in Share of Cost                                     | 6/85  | No         |
| *CMSP 239D      | NOA Application for Retroactive Eligibility                                | 11/82   | No         |
| *CMSP 239G      | NOA Spenddown of Property  | 11/82   | No         |
| *CMSP 239I      | NOA Discontinuance of Benefits, Status Report Not Received or Not Complete | 11/82   | No         |
| *CMSP 239P      | NOA Benefits Restricted to Emergency Medical Services                      | 1/90  | No         |
| *CMSP 239Q      | NOA Change from Restricted Services to Full Benefits                       | 1/90  | No         |
| *CMSP 239R      | NOA Discontinuance Notice Deceased Persons                                 | 11/82   | No         |
| *CMSP 239S      | NOA Application for Retro-active Emergency Medical Services                | 1/90  | No         |
| *CMSP 239U      | NOA Utilization of Property  | 11/82   | No         |
| *CMSP 239V      | NOA Utilization of Business Property                                       | 11/82   | No         |
| CMSP 609        | County Request for CMSP Claims Detail                                      | 9/85  | No         |
| CMSP 610        | CMSP Claims Transmittal/Case Resolution                                    | 9/85  | No         |
| CMSP 611        | Check Handling Slip for CMSP Overpayments                                  | 9/85  | No         |
| CMSP 1054       | Share of Cost CMSP Provider Letter   | 11/82   | No         |

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| <u>FORM NO.</u> | <u>FORM TITLE</u>  | <u>MOST<br/>RECENT<br/>AVAILABLE<br/>REVISION</u> |     |
|-----------------|--|---|-----|
| *CMSP 1153      | CMSP/Medi-Cal Linkage Evaluation   | 8/86  |     |
| *CMSP 1175      | Medical Care Hearing Request   | 7/86  |     |
| CMSP 1176       | Notification of Potential Third<br>Party Liability   | 7/88  |     |
| CMSP 1178       | Profit and Loss Statement  | 1/90  |     |
| DHS 2031        | Forms Request  | 6/82  | Yes |
| HAS 2007        | Control Log for MC 301 (Reporting)<br>Issuance of Temporary CMSP Cards<br>(Form must list only CMSP eligibles) | 3/79  | Yes |
| MC 176M         | Share of Cost Determination  | 7/82  | Yes |
| MC 176P         | Property Worksheet   | 4/90  | Yes |
| MC 176W         | Allocation/Special Deduction<br>Worksheet  | 1/90  | Yes |
| MC 187          | Medi-Cal Authorization for Non-<br>Cash-Grant Persons (optional-<br>internal management)                       | 5/87  | Yes |
| MC 194          | Request to SSA for SSN   | 10/87   | Yes |
| MC 210          | Statement of Facts (CMSP 210<br>replaces bottom half of last<br>page)  | 6/87  | Yes |
| MC 220          | Authorization for Release<br>Information   | 6/88  | Yes |
| MC 221          | Disability Determination and<br>Transmittal  | 12/87   | Yes |
| MC 223          | Medical History and Disability<br>Report   | 10/86   | Yes |

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